

Arkansas Public Employees Retirement System (APERS) Contributory Election Form

This form is to be used by active employees ONLY who are currently enrolled as a non-contributory member and wish to become a contributory member in compliance with ACA 24-4-401(12)(B).

For questions regarding eligibility, please contact the HR Manager.

Active non-contributory members have until December 31, 2005 to elect membership under the contributory program. Election is irrevocable.

Forms must be received in the HR Office no later than the 15th of the month. All changes will take effect beginning with the first payroll of the next reporting month.

- For example, a form received in the HR Office by August 15, 2005 would take effect with the first payroll of September 2005.

Under the contributory program, members will contribute 5% of their gross earnings pre-tax (federal and state) via payroll deduction. In addition, employers will continue to pay employer match based on 12.54% of employee gross earnings.

INSTRUCTIONS TO COMPLETE FORM:

- Enter your full name (not nickname) on the line provided.
- Sign and date the form on the lines provided.
- Enter the demographic information requested including address, city, state, zip code, and social security number.
- Attach a copy of your social security card to the form.
- Return the form to the HR Manager by the 15th of the month to be processed.

Please note: To process this request, you must also complete a "Designation of Beneficiary Form" which can also be downloaded from our website with instructions for completion.

PLEASE NOTE: Incomplete, illegible or otherwise unclear forms will be returned to you for correction and could possibly cause a delay in processing your request.

ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM
124 West Capitol Avenue, Suite 400
Little Rock, AR 72201

CONTRIBUTORY ELECTION FORM
(In Compliance With ACA 24-4-401(12)(B))

I, _____, elect coverage under the contributory provisions of the Arkansas Public Employees Retirement System (APERS). I understand that as a member of the contributory plan, 5% of my pre-tax earnings will be submitted to APERS on my behalf. I also understand that there are many differences between the contributory and non-contributory provisions of the Retirement System, and I realize that this **election is irrevocable** after the Arkansas Public Employees Retirement System receives this form.

Signature of Member

Date of Signature

Social Security Number of Member

Address

City

State

Zip Code

FOR COMPLETION BY EMPLOYER

I, _____, representing _____/
(Name of Agency)

_____ indicate by my signature below that I have been advised that the above referenced
(APERS Agency Number)

employee has chosen to become a contributory member of the Arkansas Public Employees Retirement System (APERS). The first employee contributions will be deducted from the pay of the above named employee with the _____ Pay Period and will be reported to APERS for the month of _____, 200____.
(MM/DD/YY) (Month)

I further understand that (i) the effective date of this election by a member must coincide with the first pay period of a reporting month; (ii) although designated as employee contributions, the contributions are being paid by the employer in lieu of contributions by the employee; and (iii) the employee must NOT be given the option of choosing to receive the contributed amounts directly instead of having them paid by the employer to APERS.

Signature of Agency Representative

Date of Signature

For AASIS Agencies Use Only

AASIS Personnel Number of Member

AASIS Business Area Number

The completed original form along with a member completed Designation of Beneficiary Form must be received in APERS Office by the 20th of the month preceding the effective date. If the completed form is received in our office after this date, the effective date will be the first pay period of the next reporting month. The member and the employer should maintain a copy.

May 2005